

Pesticide Incident Report

Interviewer: _____

Date completed: _____

1. Worker identification:

Name: _____

Current address: _____

Permanent address: _____

Phone number: _____ Sex: M F Age: _____

2. Incident time/location:

Time: _____ Date: _____

Location: _____

If no specific address is known, please draw a map of the area on the back of this form.

3. Pesticide identification:

Brand name: _____ Chemical name: _____

Crop/plant applied to: _____

Type of pesticide, if known (circle one):

Insecticide Fungicide Herbicide Rodenticide Disinfectant

Method of application, if known: i.e., ground, arial, etc.

When was the pesticide applied, if known: _____

Describe the chemical:

Appearance: (color, powder, liquid, grain, etc.) _____

Taste: _____ Feel: _____

Smell: _____ Other: _____

Who operated the equipment (grower, contractor, etc.) _____

4. Exposure information:

1. Method of exposure, if known (circle one):

Accidental ingestion Accidental spill Direct spray Spray drift

Field reentry Equipment failure Transportation Disposal

Household use Formulation (mixing)

Application (please indicate point of exposure: ground, aerial, loading, or mixing).

b. Detailed description of exposure: _____

c. Proximity of exposure (how close was the worker to the source): _____

d. For pesticide exposure by aerial application, please provide a description of the plane
(number, color, single or double wings, etc.): _____

e. For exposure by field re-entry, were the plants still wet? _____

6. Medical attention:

a. Did anyone take the worker to a doctor? Who? When? _____

b. Has the worker signed a medical release form? _____

c. Did the injury occur on the job? _____ If workers comp applies, the worker must notify the supervisor of the injury in writing within four days in order to preserve the worker's rights.

b. Does the worker have insurance? _____

Type of insurance: _____

Name of insurance company: _____

Company address: _____

Phone number: _____

3. Please provide a name and address for each/every medical provider (clinic, private doctor, hospital, other) seen by the worker pursuant to the exposure incident:

4. Which lab tests were done? _____ Results: _____

7. Symptoms (circle all that apply):

Headache Dizziness Fatigue Blurred vision

Diarrhea Excessive sweating Stomach cramps Nausea and vomiting

Salivation Chest pains Muscle twitching Flaccid paralysis

Generalized seizures Convulsions Coma

Other: _____

8. Crew leader identification:

Name: _____

Address: _____

Phone number: _____

Was the crew leader told of the exposure? _____ If so, please describe communication in detail: _____

9. Grower identification:

Name: _____

Address: _____

Phone number: _____

Was the grower told of the exposure? _____ If so, please describe communication in detail: _____

10. Witnesses:

1. Estimated number of persons exposed: _____

2. Please provide names, addresses (*including permanent addresses*), and phone numbers for other persons exposed or witnesses to the exposure incident (use back of form if additional space is needed).

(1) _____

Was this witness exposed too? _____ In the same way? _____

(2) _____

Was this witness exposed too? _____ In the same way? _____

(3) _____

Was this witness exposed too? _____ In the same way? _____

(4) _____

Was this witness exposed too? _____ In the same way? _____

(5) _____

Was this witness exposed too? _____ In the same way? _____

11. Field sanitation:

1. Was clean drinking water available? _____ If not, did the worker drink canal water or other potentially contaminated water? _____

12. Evidence

1. Were samples taken? _____ If so, please describe in detail the type of samples taken

(clothing, plants, dirt, other): _____

Please note: If you collect the samples yourself, make sure that you place each item sampled in an uncontaminated glass container. Label each glass container with your name, the worker's name, and the date and time of collection. Make sure that you maintain careful records regarding chain of custody of all samples taken!

2. Has a complaint been filed with the EPA and/or appropriate state agency? _____

Name of agency: _____

Date filed: _____

Agency response: _____
